

San Diego is becoming noted for its group medicine.

The County Society, from time to time, holds clinical and pathologic sessions in the auditorium at the County Hospital, while meetings of the staff members, which, by the way, are never "close-corporation affairs," tend to keep alive, by interchange of views, the scientific spirit so essential to medical progress.

Watts Building.

Correspondence

ELECT MEMBERS OF THE INDEMNITY DEFENSE FUND.

Editor the Journal:

As one of the first members of the Indemnity Defense Fund, and one of its strongest advocates, I desire to register a solemn protest against permitting physicians in active practice to join promiscuously. In the August Journal in your article entitled "The Indemnity Defense Fund," on page 263, you urge all physicians in active practice to join the Fund and mail their checks. I am in hearty agreement with your article that the Fund is meritorious and that it confers benefits far beyond the small amounts contributed by the individual members. I consider it the best investment I have, and for that very reason I want to protect it.

There are some physicians in active practice that I don't think ought to be permitted to join the Fund. Why? On the same basis and for the same reason that Insurance Companies refuse certain risks. The character of their practice, the methods they use will sooner or later get them into serious trouble. One of these days, one of these "careless birds," who are always taking chances, will be served with a complaint asking a judgment from \$25,000 to \$100,000. He won't be able to offer a ghost of a defense. He'll fall back on the Indemnity Defense and make us pass the hat. I want to avoid this and suggest, therefore, that all members received into the Indemnity Defense Fund be first proposed by two active members of the Fund and have their names then sent to all the members of the Fund for good or evil report. In this way you will quickly secure all the physicians who will make desirable members and keep those out whose reprehensible practices are too great a hazard for the Fund to carry. Being a member of the Fund under those safeguards will carry with it not only protection but prestige.

AN ORIGINAL LOS ANGELES COUNTY MEMBER.

August 4, 1919.

FOR MEN RETURNING FROM SERVICE.

To the Editor:

We have been requested to write a communication to the Journal in order to clarify a confusion which has arisen on account of an article published in the American Medical Journal some months ago, wherein the impression was created that medical officers of the army, navy, public health or marine hospital service were entitled to conduct private practice in the State of California without the formality of obtaining a certificate issued under the provisions of the Medical Practice Act of the State of California.

Section 22 of the Medical Practice Act of California provides in part as follows:

"Nothing in this act shall be construed to prohibit service in the case of emergency, or the domestic administration of family remedies; nor shall this act apply to any commissioned medical officer in the United States army, navy or marine hospital, or public health service, in the discharge of his official duties; nor to any licensed dentist when engaged exclusively in the practice of dentistry.

Nor shall this act apply to any practitioner from another state or territory, when in actual consultation with a licensed practitioner of this state, if such practitioner is, at the time of such consultation, a licensed practitioner in the state or territory in which he resides; **provided**, that such practitioner shall not open an office or appoint a place to meet patients or receive calls within the limits of this state."

It will be noted that an army officer, etc., must be "in the discharge of his official duties." Any practice of any kind or character outside of the practice in the discharge of his official duties would require a certificate from the State Board of Medical Examiners unless it should be a case wherein the army officer was in consultation with a licensed practitioner in this state as noted in the exemption clause quoted above.

Yours very truly,

CHARLES B. PINKHAM,
Secretary-Treasurer.

San Francisco, August 15, 1919.

HEALTH INSURANCE.

To the Editor:

August 2, 1919.

A number of us doctors who battled against health insurance were recently discussing the lack of progress which that movement is making. We were told several years ago by imported and deported propagandists that it was surely coming and that California had just as well be first as last. Riverside county led the procession against it in last year's popular election. Eighty-two per cent. of our voters thought just as we did. If we had it to do over again I am sure we would increase the percentage to ninety-two. The reason for this is set forth so conclusively in an editorial, which I am enclosing from the Saturday Evening Post of July 19th, that I am sure it will be of interest to all if you will publish it. I believe I can say with fullest assurance that it briefly expresses the thoughtful opinion of the medical profession.

RIVERSIDE.

(Editor's note—The following editorial from the Saturday Evening Post is published in accordance with the above request:)

"Compulsory state-managed health insurance on the German pattern does not go well here. Americans—wage-earners as much as others—dislike 'compulsory'; they dislike being dry-nursed under the paternal hand of the state. The cost would be high. Many members of the medical profession object to it. Many workmen believe it would set up an oppressive discrimination against persons who though not in perfect health are able to do a very good day's work. Compulsory insurance was decisively defeated in the California prebiscite. It failed in New York.

"A chief argument against it has been that at much less cost and very much less compulsion upon the individual public health can be better conserved by a broad plan of hygienic and preventive measures under competent and liberally supported boards of health. It is pointed out that after thirty-five years of compulsory health insurance the German death rate is higher than ours.

"Rejecting compulsory health insurance, then, we should turn energetically to the alternative of better health laws, stronger health boards. There ought to be a vigorous educational campaign on sickness prevention. Rejecting compulsory insurance is merely negative. We ought to attack the positive side.

"Of course we do attack it. Every state and probably every village has its health board or health officer. Yet there is no state and no village in which these agencies might not be profitably strengthened. Agitation for compulsory health insurance has had a good result in directing livelier attention to sickness prevention. Keep that up."